

Spanish Language Center

REGISTRATION FORM

Adult's Name:

Home Phone:

Cell Phone:

Address:

Emergency
Phone:

Email:

How did you hear about us?

Child's First & Last Name:

Birth Date:

School:

Age:

Grade:

Allergies:

Prior Spanish
classes?

Duration:

Does a parent speak
Spanish?

Is Spanish spoken at home?

please mark N/A if none
At school?

How would you rate your child's level? (beginner intermediate
advanced)

Other exposure to Spanish?

Second Child's First & Last Name:

Birth Date:

School:

Age:

Grade:

Allergies:

Prior Spanish
classes?

Duration:

Does a parent speak
Spanish?

Is Spanish spoken at home?

please mark N/A if none
At school?

How would you rate your child's level? (beginner intermediate
advanced)

Other exposure to Spanish?

Student's Name

Kindergarten

Elementary

Spanish Club
